

FILED MAR 3 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4698

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>9023</u>		Registrar's No. <u>53</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Henry</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Clinton</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Henry</u>	
c. LENGTH OF STAY (in this place) <u>30 min</u>		c. CITY OR TOWN <u>Rural Osage Township</u>		d. STREET ADDRESS (If rural, give location) <u>3 Miles So Brownington</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clinton General Hospital</u>				e. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>James</u>		b. (Middle) <u>Thomas</u>		c. (Last) <u>Smith</u>	
4. DATE OF DEATH		(Month) <u>Feb</u>		(Day) <u>23</u>		(Year) <u>1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH	9. AGE (in years last birthday) <u>62</u>		IF UNDER 1 YEAR: Months <u>6</u> Days <u>2</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Silas Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Woods</u>		14. NAME OF DECEASED'S WIFE <u>Lena Smith</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>568-223143</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Cles Smith Brownington Mo</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>GUNSHOT WOUND ABDOMEN</u>				<u>30 MIN.</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>6411</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Brownington Henry Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2-23-49 8A</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Climbing through fence with shot</u>			
22. I hereby certify that I attended the deceased from <u>23 FEB</u> , 19 <u>49</u> , to <u>23 FEB</u> , 19 <u>49</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Nugh B. Walker, MD Henry Co. 3</u>				23b. ADDRESS <u>Clinton, Mo.</u>		23c. DATE SIGNED <u>23 Feb. 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 27, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brownington Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Brownington Mo</u>	
DATE REC'D BY LOCAL REG. <u>Feb 25-49</u>		REGISTRAR'S SIGNATURE <u>R. R. Kenney</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Schuman &amp; Pinning</u>		ADDRESS <u>Clinton Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer

District File Number 249

Date Filed 3.2.8

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

R. L. Dunning

Student Embalmer No. 3682

working under my personal supervision.

Student R. L. Dunning

Student Embalmer

Signed

J. H. Halsey

Licensed Embalmer No. 3682

P. O. Address Callahan, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.